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UTAH COUNTY HEALTH DEPARTMENT
Division of Environmental Health
utahcountyonline.org

Office 801.851.7332 • Fax 801.851.7338
599 South 500 East, American Fork UT 84003

APPLICATION FOR BAKE SALE OR FUND RAISER
CHARITY OR NON-PROFIT

Permit No: _____

Group Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____ Phone # _____

Person In Charge Of Food Safety at Event _____ Phone Number _____

Organization To Receive Funds Collected _____

NAME OF EVENT ►							
LOCATION ►	Address:		City:				
DATES ► AND TIMES ►	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____
	Time ____ To ____	Time ____ To ____	Time ____ To ____	Time ____ To ____	Time ____ To ____	Time ____ To ____	Time ____ To ____

Food Being Served	Source of Food	Preparation (Where & How)	Food Handling
(e.g.) Brownies	(e.g.) Donations	(e.g.) Home Kitchens	(e.g.) Gloves

(THIS SIDE OF APPLICATION TO BE COMPLETED BY UCHD PERSONNEL)

- ▶ How will the food booth be covered? (e.g. portable awning) _____
- ▶ What protective barrier will be between food and customers? (e.g. table, sneeze guard, distance) _____
- ▶ How will utensils be supplied to customers? (e.g. individual packets) _____
- ▶ How will dishes/utensils be washed, rinsed, & sanitized? (e.g. portable sink, wash tubs) _____
- ▶ How will workers wash their hands? _____

In consideration of granting said permit, I hereby specifically agree to each of the following conditions and waive all objections thereto:

1. This permit is for one temporary food booth and is non-transferable.
2. All businesses and premises operated pursuant to said permit will be conducted and maintained in accordance with all relevant health statutes, ordinances, rules, and regulations.
3. During the term of said permit, I and my employees will allow Health Department inspectors access to the premises during normal working hours to conduct such inspections as may be necessary to guarantee compliance with health codes. I specifically waive any right to demand the issuance of a search warrant or other investigative order prior to conducting such inspections.

I understand and agree that violation of this application agreement may result in suspension, or revocation of said permit.

Applicant Name (Please Print) _____ Signature of Applicant _____ Date _____

\$10 BAKED GOODS ONLY (No Potentially Hazardous Food - Exempt From Commercial Kitchen - Must Post UCHD Disclaimer)

\$25 FUNDRAISER - LOW RISK FOODS (Cotton candy, snow cones, popcorn, commercially frozen ice cream, nuts, breads)

UCHD Disclaimer Sign Given (If needed) Yes ☐

Reviewed By _____

Date Reviewed _____

Permit Number _____

Permit Fee \$ _____

Payment Received By: _____

Payment Date: _____

Cash ☐ Check ☐ Credit/Debit ☐
